C.L. "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director DEBBY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@dhw.idaho.gov

November 25, 2008

Jeffrey W. Martin, Administrator Gritman Medical Center 700 South Main Street Moscow, Idaho 83843

RE: Gritman Medical Center, provider #131327

Dear Mr. Martin:

This is to advise you of the findings of the Medicaid Validation Fire Life Safety Survey, which was concluded at Gritman Medical Center, on November 18, 2008.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. <u>It is important</u> that your Plan of Correction address each deficiency in the following manner:

- 1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
- 2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
- 3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
- 4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
- 5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Jeffrey W. Martin, Administrator November 25, 2008 Page 2 of 2

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **December 8, 2008**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

MARK P. GRIMES

Health Facility Surveyor

Facility Fire Safety and Construction Program

MPG/lj

Enclosures

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PAGE 04/06 Printed: 11/25/2008

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	The following defi validation survey 2008.	iclencies were cited d conducted on Noverr	luring a ber 17-18,					
	The surveyor con	ducting the survey w	as :					
	Mark P. Grimes, Facility Fire Safet	Supervisor y and Construction					V-1	
K 160	NFPA 101 LIFE S	SAFETY CODE STAN	NDARD	K 160				
	25 ft. or more about serves the needs fighting purposes Service Required Safety Code for E	tors, having a travel dove or below the leve of emergency perso, conform with Firefighents of ASME/ANSI Existing Elevators and 5.3, 9.4.3.2	nnel for fire http://discourse.com/html/html/html/html/html/html/html/htm		Or	1	and the second s	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation. program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

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If continuation sheet Page 1 of 3

12.16-08

(XS) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

PAGE 05/06 Printed: 11/25/2008 FORM APPROVED OMB NO. 0938-0391

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(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: STATEMENT OF DEFICIENCIES

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

AND PLAN OF CORRECTION

131327

A. BUILDING

11/18/2008

NAME OF PROVIDER OR SUPPLIER **GRITMAN MEDICAL CENTER** STREET ADDRESS, CITY, STATE, ZIP CODE

B. WING _

700 SOUTH MAIN STREET MOSCOW, ID 83843

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FORM CMS-2567(02-99) Previous Versions Obsolete

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B 000	16.03.14 Initial Cor	nments		B 000	See K160 Plan a correction Federal Form	for	
B8162	Gritman Medical Center is a four story type I & II construction, with the original building being constructed in 1940, with subsequent additions and renovations in 1962, 1974, 1987 and 2004. The building is protected by a partial sprinkler system, fire alarm system with detection, and a type 1 emergency electrical system. The facility is licensed for 25 beds and had a census of 21 on the day of the exit conference. The building was surveyed under IDAPA 16.03.14 Rules and Minimum Standards for Hospitals in Idaho The survey was conducted on November 17 and 18, 2008 by: Mark P. Grimes, Supervisor Facility Fire Safety and Construction BB162 16.03.14.510.02 Life Safety Code Requirements Life Safety Code Requirements. The hospital shall meet such provisions of the "Life Safety Code", 1985 Edition, of the National Fire Protection Association as are applicable to Health Care Occupancies which is incorporated by reference. Any hospital in compliance with either the 1967 Edition of the "Life Safety Code" or the 1981 Edition of the "Life Safety Code" prior to the effective date of these rules is considered to be in compliance with this section so long as the hospital continues to remain in compliance with that Edition of the "Life Safety Code." Life Safety Codes are available in the licensing agency of the Department. Remodelings, additions, and/or upgrading of			BB162	Federal Form		
	the minimum stand	dards set forth in the	1900				
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	construction. In the event of a cedition of the Life state or local build zoning, heating, si codes, the most real This Rule is not no Refer to the follow federal form 2567	Safety Code" for new conflict between the appling, fire, electrical, planitation or other applestrictive shall governet as evidenced by: ving deficiencies cited: evator Safety Require	pplicable licable umbing, licable l.				
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